

SWIMMING LESSON REGISTRATION FORM

WAVIER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR THE VILLAGE OF ANTIOCH PARKS & RECREATION DEPARTMENT (READ CAREFULLY)

NOTE: *We do not carry medical or accident insurance for program participants. The costs of that type of insurance would make program fees prohibitive. Please review your own personal health insurance plan to be certain that you and your family have the proper coverage. The use of this form is one of our answers to the national liability insurance crisis, allowing us to continue to offer quality programs to the public at reasonable costs. If you have any questions, please call 395-2160. Thank you for your cooperation and support.*

Please read this form carefully and be aware that, in signing up and participating in the Village of Antioch Parks & Recreation Department programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms "I", "me," and "my" also refer to parents or guardians as well as participants in the programs you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of any injuries, damages or loss which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Village of Antioch Parks & Recreation Department, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement).

I do hereby fully release and discharge the Village of Antioch Parks & Recreation Department and the other released parties from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs. In the event of accident, injury, or sudden illness, I authorize needed medical treatment by a physician and/or hospital.

I further agree to indemnify, hold harmless and defend the Village of Antioch Parks & Recreation Department and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation," and "activities," referred to in this Agreement, include all exercise and physical movement of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved on these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this agreement.

PLEASE USE PENCIL DO NOT MAIL IN BRING THIS COMPLETED FORM TO REGISTRATION

<u>Session Preference</u>	<u>Level</u> (X one)	<u>Time Preference</u>
(X one, two or all three)	[] Preschool	(X one)
[] Session 1 (6/20 - 7/1)	[] Beginners	[] 10:00 - 10:40 a.m.
[] Session 2 (7/11 - 7/22)	[] Intermediate	[] 10:45 - 11:25 a.m.
[] Session 3 (7/25 - 8/5)	[] Advanced	[] 11:30 - 12:10 p.m.

Participant _____ Age _____ Phone # _____

Address _____ City/State/Zip _____ Amount Paid _____

Signature of Participant or Parent/Guardian on behalf of person under the age of 18 _____ Date _____ Cash or Check # _____

NO REFUNDS - NO RAIN DATES

Session Fees: \$40.00 Antioch Residents \$50.00 Non-Residents
(Fee is per child and per session)